Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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104P Exploring the real-world impact of COVID-19 on first line (1L) treatment and management of EGFR-wild type (EGFR-WT) and ALK-wild type (ALK-WT) metastatic non-small cell lung cancer (mNSCLC) across Europe

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Background: The COVID-19 pandemic has led to worldwide disruptions in healthcare. This study aimed to explore the impact of COVID-19 on 1L treatment and management of patients (pts) with EGFR-WT and ALK-WT mNSCLC.

Methods: Real-world data were collected via the Adelphi NSCLC Disease Specific Programme™ oversample; a retrospective survey administered to 252 oncologists/pulmonologists between May and August 2021 across Europe; France, Germany, Italy, Spain and the UK (Eu5). Each physician gave information on 5 pts diagnosed (Dx) with EGFR-WT mNSCLC between September 2019 to March 2020 (pre-COVID) and 5 pts Dx between March 2020 to August 2021 (during COVID). ALK-mutated pts were excluded from analysis.

Results: Pts mean age was 66.4 years in both cohorts and the majority were male (67.6% pre-COVID and 66.0% during COVID). A higher proportion of pts Dx during COVID were stage IVB (46.2%) than pre-COVID (37.6%). Effects of COVID on pt management were more frequently reported in the UK (79.7%) and least reported in Germany (19.6%). UK physicians changed prescribed treatment for 9.5% of pts due to COVID compared to 0.4% in Germany. The most commonly reported impact was moving to video/telephone consultations (20.0% Eu5) ranging from 0.4% (Germany) to 63.4% (UK), followed by reduced frequency of consultations (14.9% Eu5) ranging from 8.1% (France) to 22.2% (UK). Few effects of COVID-19 were reported for frequency of testing and monitoring of treatment. The proportion of pts prescribed 1L immunotherapy (IO) monotherapy and IO combination was higher in those Dx during COVID (30.1% and 34.0%, respectively) than pre-COVID (26.4% and 21.4% respectively).

Conclusions: According to current real-world data, COVID appeared to have greater impact on management of pts with EGFR-WT and ALK-WT mNSCLC in the UK than in Eu4. Pts Dx during COVID were Dx at a later stage and more commonly received 1L IO-based therapies than those Dx pre-COVID. Although greater IO usage could be a result of an evolving treatment landscape, prescribed treatment had been changed for a small proportion of pts due to COVID. Further research is warranted to evaluate the impact these changes may have on pt outcomes.

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105P US real-world treatment patterns and outcomes of metastatic nonsquamous non-small cell lung cancer (mNSQ NSCLC) patients (pts) after progression on standard of care (SOC)

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Background: The SOC for mNSQ NSCLC pts with no targetable genetic alterations is immunotherapy (IO) or platinum-based chemotherapy (CT) alone in 1L followed by the other in 2L or platinum-based CT and IO in 1L. SOC for pts with targetable genetic alterations (EGFR, ALK, ROS1) is one or more lines of tyrosine kinase inhibitors (TKIs). Data on optimal subsequent treatment after progression(s) on SOC are scarce.

Methods: This retrospective observational cohort study included mNSQ NSCLC treated pts aged ≥ 18 years (y) from the US ConcertAI Patient360 NSCLC (electronic medical record) database from 7/1/2016 to 12/31/2020 (index period), with follow-up until 3/31/2021 or death. Pts were grouped into 2 cohorts. Cohort 1: no targetable genetic alterations; treatment after IO and platinum-based CT progression. Cohort 2: targetable genetic alterations; treatment after TKI(s) progression. Objectives were to describe treatment patterns post SOC, clinical characteristics and real-world (rw) associations of clinical outcomes.

Results: Cohort 1 (N = 270): Median age was 65 y, 12.2% were ≥ 75 y, 40.7% were female, 11.9% had ≥ 3 mets, 28.9% had recorded evidence of brain mets, 17.4% had ECOG status ≥ 2 and 9.6% were never smokers. Pts subsequently received docetaxel (doce) monotherapy (17.4%), doce + ramucirumab (ram; 32.6%) or other regimens (50.0%). The unadjusted median rw overall survival (rwOS) and progression free survival (rwPFS) were 6.3 and 2.7 months, respectively. Cohort 2 (N = 104): Pts had genetic alterations in EGFR (97.1%), BRAF (6.7%), and ROS1 (4.8%). Median age was 64 y, 25.0% were ≥ 75 y, 68.3% were female, 28.8% had ≥ 3 mets, 43.3% had recorded evidence of brain mets, 11.5% had ECOG status ≥ 2 and 68.3% were never smokers. Pts subsequently received platinum-based CT (33.7%), IO + platinum-based CT (25.0%) or other regimens (41.3%). The unadjusted median rwOS and rwPFS were 9.9 and 3.1 months, respectively.

Conclusions: Doce + ram followed by doce monotherapy were common regimens in Cohort 1. Platinum-based CT + IO and platinum-based CT were more frequent in Cohort 2. Clinical outcomes of pts in both cohorts were poor after SOC, emphasizing unmet medical need.

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106P Real-world outcomes in extensive-stage small cell lung cancer with PD-L1 inhibitors in China

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Background: PD-L1 (atezolizumab and durvalumab) plus chemotherapy is now standard of care of patients with extensive-stage small cell lung cancer (ES-SCLC). This study describes the characteristics and PFS of patients with ES-SCLC treated with standard chemotherapy with or without PD-L1 inhibitors in a real-world setting in China.

Methods: ES-SCLC patients received standard chemotherapy with or without PD-L1 inhibitors as first-line therapy were retrospectively collected from 4 centers in China between Jan 2019 and Apr 2021. Clinical characteristics were summarized. The rwPFS was defined from the start of the treatment until the date of progression or death.

Results: 247 ES-SCLC patients were included in this analysis. The median age was 62y and 189 (76.5%) were male. And different from previously report, 102 (41.3%) never smokers were found in this real-world setting. The top 3 metastasis sites at baseline were liver (33.6%), bone (27.5%) and brain (24.3%). 100 (40.5%) patients received PD-L1 plus chemotherapy and 147 (59.5%) patients only received standard chemotherapy. For the choice of chemo regimen, half of the patients (50.6%) were treated with cisplatin, and 61.1% of the pts received ≥6 cycles of chemotherapy. When combined with PD-L1, 71% pts received >4 cycles of chemotherapy. Efficacy analysis showed a median rwPFS of 7.9m [95% CI: 7.199-8.681] in PD-L1 plus chemotherapy group and 6.4m [95% CI: 5.791-7.009] in chemotherapy group, respectively [P < 0.001].The OS results are not mature and are still in the follow-up.

Conclusions: These results showed some distinct characteristics and treatment patterns of ES-SCLC patients in China, such as the smoking status, brain metastases,